## RESI WANTADFE COLI

PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								ORD 5191912057					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHE	R THAN ENTITY	
TOTAL CLAIMS			2n					RATE	FEE	۳	RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		ASIC FEE	370.00		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			124 minus 20=		*	Н		X\$ 9=	76	OR	X\$18=		
IN	DEPENDENT C	CLAIMS	(O minus 3 =		* .	1	<u> </u>	X42=	294	1	X84=	<del>                                     </del>	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				` <b> </b> -	742-	29 1	OR	A04=	<del></del>	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=	L	OR	+280=		
CLAIMS AS AMENDED - PART II							1	OTAL	700	OR	TOTAL		
		(Column 1)	MENDE	Column 2) (Column 3)			s	MALL	ENTITY	OR	OTHER SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			,	<b>(\$ 9=</b>		OR	X\$18=		
	Independent	*	Minus	***	01 4104	-	;	(42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	140=	· · ·	OR	+280=		
							<u></u>	TOTAL			TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	ADC	NT. FEE		JO. 1	ODIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	×	42=		OR	X84=		
	rinsi Priese	NTATION OF MU	ILI IPLE DEI	'ENDENT	CLAIM		+	140=		OR	+280=		
							ADD	TOTAL IT. FEE		OR A	TOTAL DOIT, FEE		
_		(Column 1)		(Colum		(Column 3)							
S١		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	R		ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	×	42=		` <b> </b>	X84=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		F			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								40=		OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											TOTAL DDIT. FEE		
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	it) is the	highest number	found in	the appr	opriate box	in colu	mn 1.		